

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0050697

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

133

Primary Registration District No.

30223498/12

Registrar's No.

STATE FILE NUMBER

FILED JAN 21 1964

1. PLACE OF DEATH

a. COUNTY

HARRISON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

HAMILTON

Length of stay in lb

83 YRS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

HOME

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

HARRISON

c. CITY

OR TOWN

HATFIELD

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

4 Miles N.E. HATFIELD, MO

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

CORA Bell Johnston

4. DATE OF DEATH

Nov. 20, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Aug 27, 1880

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeping

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

HARRISON Co. MO

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

John Johnston

13b. MOTHER'S MAIDEN NAME

MARYA DENNATT

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NO

17. INFORMANT

Mrs Ora Tull, Hatfield, MO

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

4 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1960

to 1963

and last saw her alive on Nov 19, 63

Death occurred at

3:50 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Frank B. Mott

22b. ADDRESS

Grand City, MO

22c. DATE SIGNED

11/22/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

Nov 23, 1963

23c. NAME OF CEMETERY OR CREMATORY

Payne Cemetery

23d. LOCATION (City, town, or county)

HATFIELD, MO

(State)

24. FUNERAL DIRECTOR

ADDRESS

Graham W. Beggs, Eagle 100, 110, MO

25. DATE RECD. BY LOCAL REG.

1-15-1964

26. REGISTRAR'S SIGNATURE

Gella Mayes

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0410
2 0410
3
4 1
5 12
6
7 0
8 0
9 331X
10
11
12 900
13 1-1

1908300-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Leland W. Boggess

Licensed Embalmer No.

4762

P. O. Address

Eagleville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.